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ABSTRACT

Over the past decade, the number of girls involved with the juvenile justice system has increased substantially. Available research suggests that large numbers of these girls have serious mental health problems often associated with histories of sexual and/or physical abuse or neglect. Delinquent girls with serious mental health problems pose a significant challenge to the juvenile justice system because of the complex set of problems they present and, if their needs go unmet, their poor prognoses. Without appropriate gender- and trauma-specific treatment, these girls are likely to experience high rates of criminality, substance abuse, early pregnancy, and continued interpersonal violence. Assertive interventions are necessary to break the intergenerational cycles of violence, crime, trauma, and addiction. This brief provides an overview of the topic and suggestions for addressing the mental health needs of girls in the juvenile justice system. (Contains 25 references.) (GCP)

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Adolescent Girls with Mental Health Disorders Involved with the Juvenile Justice System

by
Bonita Veysey

National Center for Mental Health and Juvenile Justice
Research and Program Brief
July 2003

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Research and Program Brief

Research and Program Briefs are periodic publications aimed at improving policy and practice for youth with mental health disorders in contact with the juvenile justice system. This publication is supported by a grant from the **John D. and Catherine T. MacArthur Foundation**.

Adolescent Girls with Mental Health Disorders Involved with the Juvenile Justice System

by Bonita M. Veysey, Ph.D.

Introduction

Over the past decade, the number of girls involved with the juvenile justice system has increased substantially. Available research suggests that large numbers of these girls have serious mental health problems often associated with histories of sexual and/or physical abuse or neglect. Delinquent girls with serious mental health problems pose a significant challenge to the juvenile justice system because of the complex set of problems they present and, if their needs go unmet, their poor prognoses. Without appropriate gender- and trauma-specific treatment, these girls are likely to experience high rates of criminality, substance abuse, early pregnancy, and continued interpersonal violence. Assertive interventions are necessary to break the intergenerational cycles of violence, crime, trauma, and addiction.

Increasing numbers of girls in contact with the juvenile justice system

Over the past decade there has been a marked increase in the number of girls arrested in the United States. Between 1989 and 1999, the number of adolescent girls arrested increased by 45 percent to an estimated 670,800 (American Bar Association, 2001). By contrast, between 1989 and 1999, the number of male juveniles arrested decreased by almost 10 percent (Snyder, 2000). In 1999, the number of arrests for girls under the age of 18 accounted for 27 percent of all juvenile arrests.

The increase in involvement of adolescent girls in the juvenile justice system is also reflected in other areas. In 1997, most girls who were adjudicated delinquent were placed on probation (60%) or in a residential setting (22%). Between 1988 and 1997, the number of cases resulting in probation or residential placement increased by over 100 percent, and the number of female cases that involved detention increased by 65 percent, surpassing the increase in detention rates for males (Porter, 2000).

Significant mental health needs

While little adequate research on the mental health needs of delinquent youth exists in general, even fewer studies focus on the mental health needs of justice-involved girls. Existing studies suggest that many of the girls in contact with the juvenile justice system have mental health disorders. Further, there is evidence of gender differences in prevalence rates and types of mental disorders. Research suggests that a majority of girls in the juvenile justice system meet the criteria for at least one mental disorder, and in some studies, girls show higher prevalence rates than boys.

Teplin and colleagues (2002), in the most rigorous epidemiological study to date of psychiatric illness among youth in detention, found that 74 percent of girls compared to 66 percent of boys met the criteria for a current mental disorder.

Table 1. Rates of Psychiatric Diagnoses by Gender

Type of Disorder	Male n= 1170 (%)	Female n= 656 (%)
Any Listed	66.3	73.8
Any Except Conduct Disorder	60.9	70.0
Any Affective	18.7	27.6
Psychotic	1.0	1.0
Any Anxiety	21.3	30.8
ADHD	16.6	21.4
Disruptive Behavior	41.4	45.6
Substance Use	50.7	46.8

Source: Teplin et al., 2002

Affective disorders were especially prevalent among females, with more than 25 percent of females meeting criteria for a major depressive episode. Almost half of all females were found to have a substance use disorder and more than 40 percent met criteria for disruptive behaviors. Rates of specific mental health diagnoses by gender are presented in Table 1.

Other, smaller studies report consistent findings. Nordness and colleagues (2002), in a study using the Massachusetts Youth Screening Instrument (MAYSI) to examine the mental health needs of youth entering a juvenile detention center, found that girls' mean scores were higher than males on all of the MAYSI subscales, with a statistically significant difference between genders on the Depressed-Anxious, Somatic Complaints and Suicide Ideation subscales.

Timmons-Mitchell and colleagues (1997) estimated that 84 percent of girls compared to 27 percent of boys had evidence of serious mental health problems. Kataoka and associates (2001) found that 80 percent of the females exhibited symptoms of a mental or substance use disorder.

Perhaps more importantly, girls are more likely than boys to be diagnosed with more than one disorder, particularly a mental disorder with a substance use disorder. Studies of psychiatric co-morbidity consistently report higher prevalence rates among girls in detention than comparable boys. Ulzen and colleagues (1998) found that 82 percent of girls compared to 58 percent of boys met the criteria for two or more disorders. Similarly, in a study of co-morbidity of substance abuse/dependence with a second psychiatric diagnosis, virtually all females (99%) met criteria for co-morbidity compared to 69 percent of the males (Randall et al., 1999). Confirming this finding, Kataoka found that among incarcerated female youth with clinically significant depressive or anxiety symptoms, 79 percent had a co-occurring substance abuse problem.

Among specific disorders, justice-involved girls tend to have high rates of major depression; anxiety disorders, including post-traumatic stress disorder (PTSD); somatization disorders; and borderline personality disorders (Dembo et al., 1993; Offord, 1987; Richards et al., 1996; Rohde et al., 1997; Timmons-Mitchell et al., 1997; Ulzen et al., 1998).

Histories of physical and sexual abuse are virtually universal among girls in contact with the justice system (Acoca and Dedel, 1998). Abuse often results in significant and long lasting mental health problems and involves self-harming behaviors and involvement in status offenses and delinquency. Specific sequelae include suicide attempts (Miller, 1994; Miller et al. 1982; Rohde et al., 1997); depression and anxiety disorders (Davis, 1997; Prescott, 1998); running away (Calhoun, et al., 1993; Chesney-Lind, 1989; Figueira-McDonough, 1985; Rosenbaum, 1989); and increased likelihood of future sexual assault, rape (Gruber, 1984; Levine and Kanin, 1987), prostitution (Calhoun et al., 1993), property offenses, drug sales (Rhodes et al., 1993), substance abuse/dependency, and arrests for violent crime (Widom and Maxfield, 2001).

Issues affecting girls with mental disorders in the juvenile justice system

To respond effectively to the mental health needs of girls in the juvenile justice system, one must recognize that there are a number of complex issues facing these girls. According to Prescott (1997), several fundamental themes capture the most critical female-specific experiences. First, adolescent girls in contact with the juvenile justice system who have mental health needs do not fare well in systems designed for boys. Secondly, many of these girls present complicated clinical profiles as a result of the pervasive violence in their lives.

Compounding gender issues include:

- **Pathways to the Juvenile Justice System.** In recent years there has been growing recognition that females and males have distinct gender-specific developmental pathways that influence the nature of their victimization experiences, involvement in illegal activities, and entry into the justice system. Belknap and Holsinger (1998) in particular have theorized that just as boys and girls develop differently both physically and emotionally during adolescence, their pathways to delinquency can be gender-specific as well. Problem behavior by justice-involved boys more commonly emerges from delinquent lifestyles and peer influences, whereas non-normative behavior by justice-involved girls often results from traumatic family life experiences (Dembo et al., 1993).

- **The Role of Trauma.** Histories of childhood physical and sexual abuse are common among girls in the juvenile justice system (Acoca and Dedel, 1998; Dembo et al., 1993). Girls who have been abused and neglected are nearly twice as likely to be arrested as juveniles as those who have not (Widom, 2000). Abuse plays a very specific role in involvement in the juvenile justice system. Strategies that children learn early on to survive physically and emotionally in violent environments commonly lead them into conflict with the law. There are three major routes into the juvenile justice system that are related to trauma survival: (1) when physical survival strategies, such as running away or fighting back, are considered delinquent or criminal; (2) when psychological strategies, such as emotional deregulation, attachments leading to early sexualization, gang affiliation, and efforts to self-soothe or medicate, are considered delinquent or criminal; and (3) when modeled behavior, such as the use of violence as a conflict resolution strategy, is considered delinquent or criminal (Cocozza and Skowyra, in press). Girls with histories of physical and sexual abuse are extremely vulnerable to trauma reactions, and typical justice and treatment procedures, such as a pat down by a male officer, can be re-traumatizing and trigger trauma responses.

- **Lack of Gender Parity.** The lack of effective mental health treatment for justice-involved girls exists largely because the juvenile justice system, with few exceptions, continues to operate as a system designed for males. Typically, decisions to refer detained youth for clinical assessment are discretionary and often based on the severity of the offense. Youth involved in violent or sexual offenses, for example, are more likely than status offenders to be referred for mental health assessment (Barnum and Kelitz, 1992). Members of this group are overwhelmingly male. Even when girls' mental health needs are identified, services available are limited and typically designed for or dedicated to boys, while the need for service is at least as great, if not greater for girls. Services that *are* available to girls are often generic, co-educational and not gender-sensitive or trauma informed.

- **Diagnostic and Security Issues.** As a general pattern, girls usually manifest internalizing disorders (e.g. depression, anxiety) that are easily overlooked and ultimately untreated. These disorders are as debilitating as any other. Without appropriate treatment, girls are locked in a cycle of depression, self-destructive behavior and delinquency—each feeding the other and increasing a girl's sense of shame and self blame. Further, girls who express their sadness and anger overtly and exhibit disruptive behaviors may incur inappropriate responses by justice personnel who are more likely to pay attention to the behaviors rather than the underlying emotional conditions. These behaviors are often misinterpreted as manipulative, defiant or delinquent. In response to these behaviors, girls may be placed in restrictive settings that may re-stimulate preexisting traumatic memories (Prescott, 1997).

Addressing the mental health needs of girls in the juvenile justice system

In order to effectively identify and respond to the mental health needs of girls in contact with the juvenile justice system, a number of system improvements are necessary. Recommendations are highlighted below.

Research

More research is necessary to better understand the nature and prevalence of mental health disorders among girls in the juvenile justice system and to improve our knowledge of how to effectively respond to these disorders. There is a need for more large-scale mental health prevalence studies of girls conducted in multiple jurisdictions and in a wide array of juvenile justice settings. One of the best studies to date is the work being conducted in Cook County, Illinois (Teplin et al., 2002). However, even this study is limited in two important ways: it is being conducted in a single site (Chicago) and in a single setting of care (detention). Research involving girls from multiple sites (urban, suburban, rural) across the country and in multiple juvenile justice settings (detention, correctional, community-based) is critical. Research that contrasts between boys and girls, among developmental stages, and among ethnic subgroups is

also important to inform and guide services planning. In addition to better mental health prevalence data for girls, other critically needed research includes **studies of current service availability** in residential and non-residential settings, and more **outcome oriented studies** focusing on the effectiveness of services for girls.

Training

The importance of training juvenile justice and mental health treatment system staff on gender-specific issues cannot be over-emphasized. Lack of training may result in over- or under-diagnosis of psychiatric and health conditions, blaming the girl for behavior that is more likely the result of a history of trauma than delinquency, and increasing the likelihood of out-of-home placement. Training efforts should be focused on (1) enhancing the general knowledge of those who work with girls with mental health disorders so staff can understand girls' behavior within age, gender and cultural contexts; and (2) developing specific skills, including interpersonal communication, supervision and physical management skills for girls in their care. Training should be provided in the following areas:

- **Trauma**. Because violence plays such a central role in the lives of so many girls in the juvenile justice system, trauma training is essential. Many mental health and juvenile justice standard operating procedures, such as crisis intervention and seclusion and restraint, can re-traumatize girls with abuse histories. In order to reduce injury to girls and staff and to improve overall well-being, mental health and justice personnel must be able to recognize and appropriately respond to girls with histories of personal violence.

- **Screening and Assessment**. To a large degree, the questions that are asked of boys are also applicable to girls. However, several adjustments must be made to include questions that are girl-specific, such as relationship and family status, presence of children, and sexual activity. Training should be provided on the use and interpretation of standardized screening and assessment instruments, and on general interviewing and engagement techniques to help staff create safe space for these girls. Further, because the primary mandates of many juvenile justice agencies and facilities are risk reduction and ensuring public safety, many mental disorders common among girls, such as depression and anxiety, tend to go unnoticed. Screens and assessments must be designed to ensure that disorders not typically associated with aggressive behaviors are identified.

- **Gender-Specific and -Sensitive Treatment.** Training should be available to behavioral health care providers and justice staff working within and outside of the juvenile justice system. At a minimum, staff should be trained on the differences between boys and girls in treatment engagement and outcomes, and how staff might change aspects of their treatment to improve services for girls.

Services

Gender-specific services for girls need to be expanded and enhanced on multiple levels. First, gender responsiveness requires that justice and community agencies **create adequate program space** for girls on a par with what is currently available for boys. Because girls comprise the minority of juvenile justice populations, beds and service slots are nonexistent or inadequate to meet the need. To the degree that boys have an array of inpatient and outpatient services and other supports, effort should be made to create parity for girls. Second, all existing generic services should be strengthened and improved by providing treatment and care that is sensitive to girls' experiences, styles of communication, need for empowering relationships, and common presenting problems. This enhancement to create **gender-sensitive services** generally can be accomplished through staff training. Finally, **gender-specific programming** for girls should be expanded to create more capacity. Few agencies have developed girls' only programs. The research suggests, however, that this alternative may produce the best results, especially for girls with histories of physical or sexual abuse.

Summary

Girls are the fastest growing segment of the juvenile justice system, and while the majority of the offenses committed by girls are not violent in nature, the arrest rate for violent crime has also increased considerably. Of equal concern is the fact that mental health disorders among girls in the justice system have been documented at rates exceeding 80 percent, and that large numbers of these girls also have a co-occurring substance use problem. Despite their growing numbers and significant needs, girls have tended not to be well served in the existing systems.

Adolescent girls in the juvenile justice system with mental health problems comprise a particularly vulnerable population that requires early identification and intervention to prevent the development of future problem behaviors. In addition to age-related developmental needs, the differences between girls and boys in terms of life experiences, patterns of socialization, and the degree of psychopathology require gender-specific

responses. Girls who meet the criteria for conduct disorder, for example, have a higher risk than their male counterparts for developing more severe psychopathology (Jordan and Schlenger, 1996; Loeber and Stouthamer-Lober, 1998; Ulzen et al., 1998). Similarly, the long-term prognosis for girls with antisocial behavior who fail to receive treatment is dismal. For example, more than half of the girls committed to state training schools reported attempting suicide, and of these, 64 percent had attempted more than once (Bergsmann, 1994). In a review of 21 studies, Pajer (1998) reported that as adults, antisocial girls compared with their non-antisocial peers were characterized by higher mortality rates, higher rates of criminal behavior, psychiatric co-morbidity, dysfunctional interpersonal relationships, poor educational attainment, and high rates of service utilization.

Justice and behavioral health agencies must work together to provide justice-involved girls with comprehensive screening and assessment and treatment services that attend to their multiple needs in a gender-specific and trauma-informed manner. These services must be integrated and continuous. Therefore, agencies must also work together to assure that girls do not fall through the cracks between systems or points in justice processing. It is through early identification and appropriate treatment that the cycle of violence and crime can be interrupted. □

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About the National Center for Mental Health and Juvenile Justice

Recent findings show that large numbers of youth in the juvenile justice system have serious mental health disorders, with many also having a co-occurring substance use disorder. For many of these youth, effective treatment and diversion programs would result in better outcomes for the youth and their families and less recidivism back into the juvenile and criminal justice systems. Policy Research Associates has established the National Center for Mental Health and Juvenile Justice to highlight these issues. The Center has four key objectives:

- Create a national focus on youth with mental health disorders in contact with the juvenile justice system
- Serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth
- Conduct new research and evaluation to fill gaps in the existing knowledge base
- Foster systems and policy changes at the national, state and local levels to improve services for these youth

A key aspect of the Center's mission is to provide practical assistance to all persons interested in mental health and juvenile justice issues. For assistance please contact NCMHJJ toll-free at (866) 9NC-MHJJ, or visit our website at www.ncmhjj.com.

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